

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi @jsitel.com

October 10, 2013

#### **By Hand Delivery**

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42

2013 ETC Annual Report of Northeast Louisiana Telephone Company, Inc.

Study Area Code 270435

Dear Ms. Dortch:

On behalf of Northeast Louisiana Telephone Company, Inc. "Northeast Louisiana", JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. Northeast Louisiana seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>2</sup> Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

|  | m 481 - Carrier Annual Reporting<br>Illection Form   |   | FCC Form 481<br>OMB Control No. 3060-09<br>July 2013  | 986/OMB Control No. 3060-0819  |
|--|--|---|---|--------------------------------|
| <010>  | Study Area Code  | 270435  |   |                                |
| <015>  | Study Area Name  | NORTHEAST LOUISIANA   |   |                                |
| <020>  | Program Year   | 2014  |   |                                |
| <030>  | Contact Name: Person USAC should contact with questions about this data  | Julia Lindsay   |   |                                |
| <035>  | Contact Telephone Number:<br>Number of the person identified in data line <030   | 318-874-7011  |   |                                |
| <039>  | Contact Email Address:<br>Email of the person identified in data line <030>  | jlindsay@ne-tel.com   |   |                                |
|  |  |   |   | 54.313 54.422                  |
| ANNUA  | L REPORTING FOR ALL CARRIERS   |   |   | Completion Completion Required |
| <100>  | Service Quality Improvement Reporting  | (complete attached w  | orksheet)   | (check box when complete)      |
| <200><br><210>   | Outage Reporting (voice) < check box i   | (complete attached wi   | orksheet)   | <i>V V</i>                     |
| <310>  | Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)                           | 0 (attach descriptive de  |   |                                |
| <400><br><410><br><420><br><430><br><440><br><450>             | Number of Complaints per 1,000 customers (voice Fixed Mobile Number of Complaints per 1,000 customers (broad Fixed Mobile  |   |   | V V                            |
| <500> <510> <600> <610> <700> <710> <800> <1000> <1110> <1110> | Service Quality Standards & Consumer Protection 2704351a510 Functionality in Emergency Situations 2704351a610  | n Rules Compliance (check to indicate cert (attached descriptive de (check to indicate cert (attached descriptive de (complete attached we (complete attached we (if yes, complete attached we (check to indicate cert (attach descriptive de (if not, check to indicate cert (complete attached we (complete attached we (complete attached we (complete attached we | ocument) ification) ocument) orksheet) orksheet) orksheet) ification) ocument) ification) orksheet) |                                |
| <2000><br><2005>   | Price Cap Carriers, Proceed to <u>Price Cap Addition</u> Including Rate-of-Return Carriers affiliated with P Rate of Return Carriers, Proceed to <u>ROR Addition</u> | Price Cap Local Exchange Carriers<br>(check to indicate cert<br>(complete attached w  | orksheet)   |                                |
| <3005>   |  | (complete attached w  |   | · ///////                      |

|       | ervice Quality Improvement Reporting<br>Illection Form  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|--|
| <010> | Study Area Code 270435  |  |
| <015> | Study Area Name Northeast 1   | DUISIANA   |
| <020> | Program Year 2014   |  |
| <030> | Contact Name - Person USAC should contact regarding this data Juli  | Lindsay  |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 31  | -874-7011  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> j   | indsay@ne-tel.com  |
| <110> | Has your company received its ETC certification from the FCC?   | (yes / no )  |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?   | (yes / no ) O  |
| <112> | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your concept which only receives frozen support, your progress report is only required to address voice telephony service. | ppany is a   |
|       | Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.   | Name of Attached Document (.pdf)   |
| <113> | Maps detailing progress towards meeting plan targets  |  |
| <114> | Report how much universal service (USF) support was received  |  |
| <115> | How (USF) was used to improve service quality   |  |
| <116> | How (USF)was used to improve service coverage   |  |
| <117> | How (USF) was used to improve service capacity  |  |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year.   |  |

| (200) Service Outage Reporting (Voice) | FCC Form 481  |
|--|---|
| Data Collection Form                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |

| <010> | Study Area Code  | 270435                                     |  |  |  |
|-------|--|--|--|--|--|
| <015> | Study Area Name  | NORTHEAST LOUISIANA                        |  |  |  |
| <020> | Program Year   | 2014                                       |  |  |  |
| <030> | Contact Name - Person USAC should contact regarding this data                          | Julia Lindsay                              |  |  |  |
| <035> | Contact Telephone Number - Number of person identified in data line <030> 318-874-7011 |  |  |  |  |
| <039> | Contact Email Address - Email Address of person identified in data line <              | <pre>&lt;030&gt; jlindsay@ne-tel.com</pre> |  |  |  |

| <220> | <a></a>   | <b1></b1>    | <b2></b2>    | <b3></b3>  | <b4></b4>  | <c1></c1>                 | <c2></c2>              | <d></d>        | <e></e>            | <f></f>         | <g></g>        | <h>&gt;</h>  |
|-------|-----------|--------------|--------------|------------|------------|---------------------------|------------------------|----------------|--------------------|-----------------|----------------|--------------|
|       | NORS      |              |              |            |            |                           |                        |                |                    | Did This Outage |                |              |
|       | Reference | Outage Start | Outage Start | Outage End | Outage End | Number of                 |                        | 911 Facilities | Service Outage     | Affect Multiple |                |              |
|       | Number    | Date         | Time         | Date       |            | <b>Customers Affected</b> | Total Number of        | Affected       | Description (Check | Study Areas     | Service Outage | Preventative |
|       |           |              |              |            |            |                           | Customers              | (Yes / No)     | all that apply)    | (Yes / No)      | Resolution     | Procedures   |
|       |           |              |              |            |            |                           |                        | •              |                    |                 |                |              |
|       |           |              |              |            |            |                           |                        |                |                    |                 |                |              |
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|       |           |              |              |            |            |                           |                        | •              |                    |                 |                |              |
|       |           |              |              |            |            | ;                         | <del>See attache</del> | <del>d</del>   |                    |                 |                |              |
|       |           |              |              |            |            |                           | rksheet                |                |                    |                 |                |              |
|       |           |              |              |            |            | ***                       | ritorioot              |                |                    |                 |                |              |
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|       |           |              |              |            |            |                           |                        |                |                    |                 |                |              |

| (700) Price Offerings including Voice Rate Data | FCC Form 481   |
|---|--|
| Data Collection Form                            | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |

| <010> | Study Area Code   | 270435              |
|-------|---|---------------------|
| <015> | Study Area Name   | NORTHEAST LOUISIANA |
| <020> | Program Year  | 2014                |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Julia Lindsay       |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 318-874-7011        |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jlindsay@ne-tel.com |
|       |   |                     |

| <701> | Residential Local Service Charge Effective Date    | 1/1/2013 |
|-------|--|----------|
| <702> | Single State-wide Residential Local Service Charge |          |
|       |  |          |

<703>

| <a1></a1> | <a2></a2>       | <a3></a3>  | <b1></b1> | <b2></b2>         | <b3></b3>                    | <b4></b4>                   | <b5></b5>               | <c></c>                       |
|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
|           |                 |            |           | Residential Local |                              |                             | Mandatory Extended Area |                               |
| State     | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate      | State Subscriber Line Charge | State Universal Service Fee | Service Charge          | Total per line Rates and Fees |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
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|           |                 |            |           | See att           | ached worksheet              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
|           |                 |            |           |                   |                              |                             |                         |                               |
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|           |                 |            |           |                   |                              |                             |                         |                               |

| (710) Broadband Price Offerings | FCC Form 481  |
|---------------------------------|---|
| Data Collection Form            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                 | July 2013   |

| <010> | Study Area Code   | 270435                 |
|-------|---|------------------------|
| <015> | Study Area Name   | NORTHEAST LOUISIANA    |
| <020> | Program Year  | 2014                   |
| <030> | Contact Name - Person USAC should contact regarding this data               | Julia Lindsay          |
| <035> | Contact Telephone Number - Number of person identified in data line <03     | 0> 318-874-7011        |
| <039> | Contact Email Address - Email Address of person identified in data line <03 | 0> jlindsay@ne-tel.com |

| <711> | <a1></a1> | <a2></a2>       | <b1></b1>        | <b2></b2>               | <c></c>             | <d1></d1>                                       | <d2></d2>                                  | <d3></d3>               | <d4></d4>   |
|-------|-----------|-----------------|------------------|-------------------------|---------------------|---|--|-------------------------|---|
|       | State     | Exchange (ILEC) | Residential Rate | State Regulated<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached {select } |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
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|       |           |                 | S-0              | o ottoobod              |                     |   |  |                         |   |
|       |           |                 | Se<br>work       | e attached<br>sheet     |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |
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|       |           |                 |                  |                         |                     |   |  |                         |   |
|       |           |                 |                  |                         |                     |   |  |                         |   |

| . , . | erating Companies<br>lection Form |  |                         | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|-----------------------------------|--|-------------------------|--|
| <010> | Study Area Code                   |  | 270435                  |  |
| <015> | Study Area Name                   |  | NORTHEAST LOUISIANA     |  |
| <020> | Program Year                      |  | 2014                    |  |
| <030> | Contact Name - Person             | USAC should contact regarding this data            | Julia Lindsay           |  |
| <035> | Contact Telephone Num             | nber - Number of person identified in data line <0 | 30> 318-874-7011        |  |
| <039> | Contact Email Address -           | Email Address of person identified in data line <0 | 30> jlindsay@ne-tel.com |  |
| <810> | Reporting Carrier                 | Norheast Louisiana Telephone Co., Inc.             |                         |  |
| <811> | Holding Company                   | HNG Holdings, LLC                                  |                         |  |
| <812> | Operating Company                 | Northeast Louisiana Telephone Co., Inc.            |                         |  |

| <813> | <a1></a1>  | <a2></a2>     | <a3></a3>                                      |
|-------|------------|---------------|--|
|       | Affiliates | SAC           | Doing Business As Company or Brand Designation |
| -     |            |               |  |
| -     |            |               |  |
| -     | See a      | ttached works | heet   |
| -     |            |               |  |
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| Study Area Code   270425   | rol No. 3060-0819 | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3<br>July 2013 | OMB Control No. 3060-0986/OMB Control No. |               | (900) Tribal Lands Reporting Data Collection Form        |  |           |       |
|--|-------------------|--|---|---------------|--|--|-----------|-------|
| Compliance with Facilities Sting rules   |                   |  |   | 270435        |  | Study Area Code  | > Stu     | <010> |
| CO202  | -                 |  | SIANA                                     | NORTHEAST LO  |  | ,  |           | <015> |
| <035> Contact Telephone Number - Number of person identified in data line <030> 318-874-7011 Contact Email Address - Email Address of person identified in data line <030> 311-0dasyshne-tel.com  Tribal Land(s) on which ETC Serves Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) <   |                   |  |   | 2014          |  | -  |           | <020> |
| <920> Contact Email Address - Email Address of person identified in data line <030> 31indaayene-tel.com <910> Tribal Land(s) on which ETC Serves   April   Tribal   Tr                  |                   |  |   | Julia Lind    | contact regarding this data                              | Contact Name - Person USAC should co   | > Co      | <030> |
| <920> Tribal Government Engagement Obligation If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <922> Feasibility and sustainability planning; <923 Marketing services in a culturally sensitive manner; <924 Compliance with Rights of way processes <925 Compliance with Racilities Sitting rules <927 Compliance with Environmental Review processes  |                   |  | 7011                                      | e <030> 318-8 | r of person identified in data line                      | Contact Telephone Number - Number  | > Co      | <035> |
| <920> Tribal Government Engagement Obligation Name of Attached Document (.pdf) If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Select (Yes,No, NA) Needs assessment and deployment planning with a focus on Tribal community anchor institutions; 921> Needs assessment and deployment planning; 922> Feasibility and sustainability planning; 923> Marketing services in a culturally sensitive manner; 924- Compliance with Rights of way processes 925- Compliance with Facilities Sting rules 927- Compliance with Environmental Review processes   |                   |  | y@ne-tel.com                              | e <030> jlin  | ss of person identified in data line                     | Contact Email Address - Email Address  | > Co      | <039> |
| Name of Attached Document (.pdf)  If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No, NA)   Needs assessment and deployment planning with a focus on Tribal community anchor institutions;  Select (Yes,No, NA)  Select (Yes,No, NA)  Analyse of Attached Document (.pdf)  Name of Attached Document (.pdf)  Name of Attached Document (.pdf)  Select (Yes,No, NA)  Select (Yes,No, NA)  Computing account institutions;  Select (Yes,No, NA)  Select (Yes,No, NA)  Computing account institutions;  Select (Yes,No, NA)  Select (Yes,No, NA)  Computing account institutions;  Select (Yes,No, NA)  Select (Yes,No, NA)  Select (Yes,No, NA)  Select (Yes,No, NA)  Computing account institutions;  Select (Yes,No, NA)  Computing account institutions;  Select (Yes,No, NA)  Select (Yes,No, N |                   |  |   |               |  | Tribal Land(s) on which ETC Serves   | > Tril    | <910> |
| If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:  Select (Yes,No, NA)  Select (Yes,No, NA)  Needs assessment and deployment planning with a focus on Tribal community anchor institutions;  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;  Compliance with Rights of way processes  Compliance with Land Use permitting requirements  Compliance with Facilities Siting rules  Compliance with Environmental Review processes   |                   | 6)   | ome of Attached Document                  |               | gation   | Tribal Government Engagement Obliga  | > Tril    | <920> |
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes   |                   |  |   |               | us described on the attached<br>dination with the Tribal | each these boxes to confirm the status<br>PDF, on line 920, demonstrates coord | ead<br>PD |       |
| community anchor institutions;  <922> Feasibility and sustainability planning;  <923> Marketing services in a culturally sensitive manner;  <924> Compliance with Rights of way processes  <925> Compliance with Land Use permitting requirements  <926> Compliance with Facilities Siting rules  <927> Compliance with Environmental Review processes   |                   |  |   | (Yes,No,      | planning with a focus on Tribal                          | Needs assessment and deployment pl   | > Ne      | <921> |
| <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes   |                   |  |   | 17171         |  |  |           |       |
| <923> Marketing services in a culturally sensitive manner; <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes   |                   |  |   |               | ;;   | Feasibility and sustainability planning;                                       | > Fea     | <922> |
| <924> Compliance with Rights of way processes <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes  |                   |  |   |               |  |  |           |       |
| <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes  |                   |  |   |               |  |  |           |       |
| <926> Compliance with Facilities Siting rules <927> Compliance with Environmental Review processes   |                   |  |   |               |  |  |           |       |
| <927> Compliance with Environmental Review processes   |                   |  |   |               |  |  |           |       |
|  |                   |  |   |               |  |  |           |       |
| <028 Compliance with Cultural Preservation review processes  |                   |  |   |               |  |  |           | <928> |
| <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements.   |                   |  |   | -             |  |  |           |       |

|        | o Terrestrial Backhaul Reporting<br>ection Form   |                     | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |  |
|--------|---|---------------------|--|--|
| <010>  | Study Area Code   | 270435              |  |  |
| <015>  | Study Area Name   | NORTHEAST LOUISIANA |  |  |
| <020>  | Program Year  | 2014                |  |  |
| <030>  | Contact Name - Person USAC should contact regarding this data   | Julia Lindsay       |  |  |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>   | 318-874-7011        |  |  |
| <039>  | Contact Email Address - Email Address of person identified in data line <030>   | jlindsay@ne-tel.com |  |  |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)  |                     |  |  |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) |                     |  |  |

| Lifeline | erms and Condition for Lifeline Customers ection Form  |           | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 30<br>July 2013 |     |
|----------|--|-----------|---|-----|
| <010>    | Study Area Code  |           | 270435  |     |
| <015>    | Study Area Name  |           | NORTHEAST LOUISIANA   |     |
| <020>    | Program Year   |           | 2014  |     |
| <030>    | Contact Name - Person USAC should contact regarding this data  |           | Julia Lindsay   |     |
| <035>    | Contact Telephone Number - Number of person identified in data   | line <030 | )> 318-874-7011   |     |
| <039>    | Contact Email Address - Email Address of person identified in data   | line <030 | 0> jlindsay@ne-tel.com  |     |
| <1210>   | Terms & Conditions of Voice Telephony Lifeline Plans   |           | 2704351a1210  Name of attached document (.pdf)                            |     |
| <1220>   | Link to Public Website   | HTTP_     | http://ne-tel.com/telephone/lifeline                                      | php |
|          | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: |           |   |     |
| <1221>   | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,  | V         |   |     |
| <1222>   | Details on the number of minutes provided as part of the plan,   | V         | ]   |     |
| <1223>   | Additional charges for toll calls, and rates for each such plan.   | V         | Ī   |     |

| (2000) Pi | rice Cap Carrier Additional Documentation  |   | FCC Form 481   |
|-----------|--|---|--|
| Data Col  | lection Form   |   | OMB Control No. 3060-0986/OMB Control No. 3060-0819  |
|           | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers          |   | July 2013  |
| meraamg   | Hate of Netari Carriers affiliated with thee cap Local Exchange carriers           |   | ,  |
|           | 000425   |   |  |
| <010>     | Study Area Code 270435   |   |  |
| <015>     | ,  | AST LOUISIANA   |  |
| <020>     | Program Year 2014  |   |  |
| <030>     | Contact Name - Person USAC should contact regarding this data  Julia I             | indsay<br>-874-7011   |  |
| <035>     | Contact receptions status of person reciting in data line soot                     | ndsay@ne-tel.com  |  |
| <039>     | Contact Email Address - Email Address of person identified in data line <030> jli  | nusayene-ter.com  | <del>.</del>   |
|           |  |   |  |
|           |  |   |  |
| CHECK t   | he boxes below to note compliance as a recipient of Incremental Connect America Ph | ase I support, frozen High Cost support, High Cost support to offset ac | cess charge reductions, and Connect America Phase II |
|           | support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the                         | information reported on this form and in the documents attached be      | low is accurate.                                     |
|           |  |   |  |
|           |  |   |  |
|           | Incremental Connect America Phase I reporting                                      |   |  |
| <2010>    | 2nd Year Certification {47 CFR § 54.313(b)(1)}                                     |   |  |
| <2011>    | 3rd Year Certification {47 CFR § 54.313(b)(2)}                                     |   |  |
|           | Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}      |   |  |
| <2012>    | 2013 Frozen Support Certification  |   |  |
| <2013>    | 2014 Frozen Support Certification  |   |  |
| <2014>    | 2015 Frozen Support Certification  |   |  |
| <2015>    | 2016 and future Frozen Support Certification                                       |   |  |
|           |  |   |  |
|           | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}                 |   | <u></u>  |
| <2016>    | Certification Support Used to Build Broadband                                      |   |  |
|           | Connect America Phase II Reporting {47 CFR § 54.313(e)}                            |   |  |
| <2017>    | 3rd year Broadband Service Certification   |   |  |
| <2017>    | 5th year Broadband Service Certification   |   | <b></b>  |
| <2019>    | Interim Progress Certification   |   |  |
| <2020>    | Please check the box to confirm that the attached PDF , on line 2021,              |   |  |
| 12020     | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipie    | nt  |  |
|           | of CAF Phase II support shall provide the number, names, and addresses of          |   |  |
|           | community anchor institutions to which began providing access to broadban          | d   |  |
|           | service in the preceding calendar year.  | <b>~</b>  |  |
| <2021>    | Interim Progress Community Anchor Institutions                                     | Name of Attached Document Listing Required Information                  |  |
|           |  | 3.7 Accounted 2000 2001118 Required Information                         |  |
|           |  |   |  |
|           |  |   |  |

|                            | ate Of Return Carrier Additional Documentation   |  | FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013 |
|----------------------------|--|--|--|
|                            |  |  | 3diy 2023  |
| <010>                      | Study Area Code 270435   |  |  |
| <015>                      | Study Area Name NORTHEAS'  | T LOUISIANA  |  |
| <020>                      | Program Year 2014  |  |  |
| <030>                      | Contact Name - Person USAC should contact regarding this data Jul.  Contact Telephone Number - Number of person identified in data line <030>  | lia Lindsay<br>318-874-7011  |  |
| <039>                      | Contact Email Address - Email Address of person identified in data line <030>  | jlindsay@ne-tel.com  |  |
| CHECK t                    | the boxes below to note compliance on its five year service quality plan (pursu:<br>CFR § 54.313(f)(2). I further certify that   | ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attac |  |
|                            | Progress Report on 5 Year Plan   |  |  |
| (3010)                     | Milestone Certification $\{47\ CFR\ \S\ 54.313\{f\}(1)\{i)\}$ Please check this box to confirm that the attached PDF , on line 3012,   | Name of Attached Document Listing Required Information   |  |
| (3011)                     | contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.   |  |  |
| (3012)<br>(3013)<br>(3014) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:   | Name of Attached Document Listing Required Information   | (Yes/No) (Yes/No)  |
| (3015)                     | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  |  |  |
| (3016)                     | PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  |  |
| (3017)<br>(3018)           | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  If the response is no on line 3014, Is your company audited?  | Name of Attached Document Listing Required Information   | 2704351a3017 [Yes/No)  |
|                            | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains  |  |  |
| (3019)                     | Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  |  |  |
| (3020)                     | PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  |  |
| (3021)                     | Management letter issued by the independent certified public accountant that performed the company's financial audit.  |  |  |
| (3022)                     | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  Underlying information subjected to a review by an independent certified |  |  |
| , ,                        | public accountant  |  |  |
| (3024)                     | Underlying information subjected to an officer certification.  |  |  |
| (3025)                     | PDF of Balance Sheet, Income Statement and Statement of Cash Flows   |  | السا   |
| (3026)                     | Attach the worksheet listing required information  | Name of Attached Document Listing Required Information   |  |

|       | tion - Reporting Carr<br>lection Form   |                     | . 3060-0986/OMB Control No. 3060-0819 |  |  |
|-------|---|---------------------|---------------------------------------|--|--|
| <010> | Study Area Code   | 270435              |                                       |  |  |
| <015> | Study Area Name   | NORTHEAST LOUISIANA |                                       |  |  |
| <020> | Program Year  | 2014                |                                       |  |  |
| <030> | D> Contact Name - Person USAC should contact regarding this data Julia Lindsay                          |                     |                                       |  |  |
| <035> | <035> Contact Telephone Number - Number of person identified in data line <030> 318-874-7011            |                     |                                       |  |  |
| <039> | <039> Contact Email Address - Email Address of person identified in data line <030> jlindsay@ne-tel.com |                     |                                       |  |  |

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients   |   |  |  |  |  |
|--|---|--|--|--|--|
| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |  |  |  |  |
| Name of Reporting Carrier:   |   |  |  |  |  |
| Signature of Authorized Officer:   | Date  |  |  |  |  |
| Printed name of Authorized Officer:  |   |  |  |  |  |
| Title or position of Authorized Officer:   |   |  |  |  |  |
| Telephone number of Authorized Officer:  |   |  |  |  |  |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form:  |  |  |  |  |
| Persons willfully making false statements on this form ca  | be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |  |  |  |  |

|       | tion - Agent / Carrier<br>lection Form |   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|--|---|--|
| <010> | Study Area Code                        | 270435  |  |
| <015> | Study Area Name                        | NORTHEAST LOUISIANA   |  |
| <020> | Program Year                           | 2014  |  |
| <030> | Contact Name - Person USA              | C should contact regarding this data Julia Lindsay                      |  |
| <035> | Contact Telephone Number               | - Number of person identified in data line <030> 318-874-7011           |  |
| <039> | Contact Email Address - Ema            | ail Address of person identified in data line <030> jlindsay@ne-tel.com | n  |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| certify that (Name of Agent)Dee_Dee_Longenecker      |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Name of Authorized Agent: Dee Dee Longenecker        |  |  |  |  |  |  |
| Name of Reporting Carrier: NORTHEAST LOUISIANA       |  |  |  |  |  |  |
| Signature of Authorized Officer: CERTIFIED ONLINE    | Date: 10/10/2013   |  |  |  |  |  |
| Printed name of Authorized Officer: Mike George      |  |  |  |  |  |  |
| Title or position of Authorized Officer: President   |  |  |  |  |  |  |
| Telephone number of Authorized Officer: 318-874-7011 |  |  |  |  |  |  |
| Study Area Code of Reporting Carrier: 270435         | Filing Due Date for this form: 10/15/2013  |  |  |  |  |  |
| , ,  | y fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 18 of the United States Code, 18 U.S.C. § 1001. |  |  |  |  |  |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |   |                                     |  |  |  |  |  |  |  |
|--|---|-------------------------------------|--|--|--|--|--|--|--|
| <b>2</b>   | certained on Agent Additionaged to the Annual Reports for earl of a Recipients on Bendin of Reporting Current |                                     |  |  |  |  |  |  |  |
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |   |                                     |  |  |  |  |  |  |  |
| Name of Reporting Carrier: NORTHEAST LOUISIANA   |   |                                     |  |  |  |  |  |  |  |
| Name of Authorized Agent or Employee of Agent: Dee Dee Longenecker   |   |                                     |  |  |  |  |  |  |  |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE   | Date:   | 10/10/2013                          |  |  |  |  |  |  |  |
| Printed name of Authorized Agent or Employee of Agent: Dee Dee Longenecker   |   |                                     |  |  |  |  |  |  |  |
| Title or position of Authorized Agent or Employee of Agent Manager - Regulatory Affairs, JSI   |   |                                     |  |  |  |  |  |  |  |
| Telephone number of Authorized Agent or Employee of Agent: 512-338-0473  |   |                                     |  |  |  |  |  |  |  |
| Study Area Code of Reporting Carrier: 270435 Filing Due Date for this form: 10/15/2013   |   |                                     |  |  |  |  |  |  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 18 of the United States Code, 18 U.S.C. § 1001.   | 47 U.S.C. §§ 502, 503(b), c   | or fine or imprisonment under Title |  |  |  |  |  |  |  |

Attachments

| (800) Op  | erating Companies       | FCC Form 481  |
|-----------|-------------------------|---|
| Data Coll | lection Form            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013             |
| <010>     | Study Area Code         | 270435  |
| <015>     | Study Area Name         | NORTHEAST LOUISIANA   |
| <020>     | Program Year            | 2014  |
| <030>     | Contact Name - Person   | USAC should contact regarding this data  Julia Lindsay                    |
| <035>     | Contact Telephone Num   | nber - Number of person identified in data line <030> 318-874-7011        |
| <039>     | Contact Email Address - | Email Address of person identified in data line <030> jlindsay@ne-tel.com |
| <810>     | Reporting Carrier       | Norheast Louisiana Telephone Co., Inc.                                    |
| <811>     | Holding Company         | HNG Holdings, LLC   |
| <812>     | Operating Company       | Northeast Louisiana Telephone Co., Inc.                                   |

| <813> | <a1></a1>                          | <a2></a2> | <a3></a3>                                      |
|-------|------------------------------------|-----------|--|
|       | Affiliates                         | SAC       | Doing Business As Company or Brand Designation |
| =     | Northeast Telephone Services, Inc. |           | NortheastTel                                   |
| _     |                                    |           |  |
| _     |                                    |           |  |
| _     |                                    |           |  |
| -     |                                    |           |  |
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|       |                                    |           |  |
|       |                                    |           |  |

# Northeast Louisiana Telephone Company, Inc.

# Study Area Code 270435

# Response to Lines 500-510 - Service Quality Standards and Consumer Protection Rules Compliance

In establishing this certification in its 2005 ETC Order,<sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." <sup>2</sup> The FCC found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."<sup>3</sup>

Northeast Louisiana Telephone Company, Inc. ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules under state and federal law. These provisions include, but are not limited to, the following: 1) Customer Service Regulations for Telecommunications Service in LPSC Docket No. U-24856;<sup>3</sup> 2) "Slamming" requirements in Docket No. U-25754;<sup>4</sup> 3) Docket No. U-24050 containing rules and regulations concerning Telecommunications Service Provider billing;<sup>5</sup> 4) Truth-in-Billing Rules

<sup>&</sup>lt;sup>1</sup> Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>&</sup>lt;sup>2</sup> *Id.* at para. 28.

<sup>&</sup>lt;sup>3</sup> Louisiana Public Service Commission General Order, Docket No. U-24856 - In re: Customer Service Regulations for Telecommunications Service Providers. (Decided at the Business and Executive Session held November 2, 2000)

<sup>&</sup>lt;sup>4</sup> Louisiana Public Service Commission General Order, Docket No. U-25754 - In re: Possible Amendments to the June 5, 1998 General Order ("Slamming"). (Decided at Business and Executive Session held April 24, 2002) <sup>5</sup> Louisiana Public Service Commission General Order, Docket No. U-24050 –In re: Rules and regulations concerning Telecommunications Service Provider ("TSP") billing. (Decided at Business and Executive Session held June 21, 2000)

contained at 47 CFR § 64.2401; and, 5) compliance with Federal CPNI rules, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy.

# Northeast Louisiana Telephone Company, Inc.

Study Area Code: 270435

# Response to Lines 600-610 - Ability to Function in Emergency Situations

Northeast Louisiana Telephone Company, Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)<sup>1</sup>. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations also allows the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, the Company is able to function in emergency situations in accordance with the Company's Emergency Operations Plan which include provisions for continuity of service and emergency preparedness procedures. All central offices are equipped with permanently installed standby generators containing a minimum of eight hours of battery reserve without voltage falling below the level required for proper operation of all equipment. In addition, the Company has a mobile power unit available which can be delivered and connected on short notice.

is capable of managing traffic spikes resulting from emergency situations."

Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and

# Northeast Louisiana Telephone Company, Inc. SAC 270435

# **Rates, Terms and Conditions for Lifeline Service**

(Response to Form 481, Line 1210)

NORTHEAST LOUISIANA TELEPHONE COMPANY, INC.

SECTION II

BONITA, LOUISIANA 9th Revised Sheet No. 1 Cancels 8th Revised Sheet No. 1

#### LOCAL EXCHANGE SERVICE TARIFF

#### General

This tariff is governed, except as otherwise specified herein, by the General Exchange Tariff which is hereby made a part of this tariff. The charges quoted in this tariff are for a period of one month, payable monthly in advance, and entitle the subscriber to local exchange service to all stations bearing the designation of Bonita Central Office at the flat rates shown below.

The rates for Local Exchange Service apply to all subscribers regardless of whether the communicating devices are rented from the Telephone Company or provided by the subscriber.

Toll Blocking is available at no charge.

#### RATES AND THEIR APPLICATION

| A. | Within the Base Rate Area:                             | Monthly Line Access |             |
|----|--|---------------------|-------------|
|    | BUSINESS: ONE PARTY                                    | \$26.13             | •           |
|    | RESIDENCE: ONE PARTY                                   | \$14.00             | (I)(C)      |
| В. | Outside the Base Rate Area,  But Within Exchange Area: |                     | a.e.        |
|    | BUSINESS: ONE PARTY                                    | \$26.13°            | 3 to 1 to 1 |
|    | RESIDENCE: ONE PARTY                                   | \$14.00             | (I) (C)     |

Issue Date: 5/8/2013 Effective: 6/1/2013

Order Number:\_\_\_\_

Telephone Company, Inc., P. O. Drawer 185, Collinston, La.

Issued By: Northeast Louisiana

NORTHEAST LOUISIANA TELEPHONE COMPANY, INC.

SECTION II

COLLINSTON, LOUISIANA 9<sup>th</sup> Revised Sheet No. 2 Cancels 8<sup>th</sup> Revised Sheet No. 2

#### LOCAL EXCHANGE SERVICE TARIFF

#### General

This tariff is governed, except as otherwise specified herein, by the General Exchange Tariff which is hereby made a part of this tariff. The charges quoted in this tariff are for a period of one month, payable monthly in advance, and entitle the subscriber to local exchange service to all stations bearing the designation of Collinston Central Office at the flat rates shown below.

The rates for Local Exchange Service apply to all subscribers regardless of whether the communicating devices are rented from the Telephone Company or provided by the subscriber.

Toll Blocking is available at no charge.

#### RATES AND THEIR APPLICATION

| A. <u>Within the Base</u>           | Rate Area: | Monthly Line Access |            |  |
|-------------------------------------|------------|---------------------|------------|--|
| BUSINESS: ONE<br>RESIDENCE: ON      |            | \$26.13<br>\$14.00  | <br>(I)(C) |  |
| Outside the Base<br>But Within Exch |            |                     |            |  |
| BUSINESS: ONI<br>RESIDENCE: ON      |            | \$26.13<br>\$14.00  | (I)(Č)     |  |

Issue Date: 5/8/2013 Effective: 6/1/2013

Order Number:

Issued By: <u>Northeast Louisiana</u> <u>Telephone Company, Inc., P. O.</u>

Drawer 185, Collinston, La.

NORTHEAST LOUISIANA TELEPHONE COMPANY, INC.

SECTION IV

3rd Revised Sheet No. 16 Cancels 2nd Revised Sheet No. 16

SERVICE CONNECTION CHARGES

SERVICE CHARGES

#### LIFELINE AND LINK-UP PROGRAMS

Northeast Louisiana Telephone Company, Inc. concurs in the Lifeline and Link-Up Programs as filed by BellSouth Telecommunications, Inc., where services and facilities are available, in accordance with the conditions as set forth in the FCC's order on Universal Service in CC Docket 97-157, which adopts the Federal-State Joint Board's recommendation in CC Docket 96-45, complying with the Telecommunications Act of 1996; and specific terms and conditions as prescribed by the Louisiana Public Service Commission. Northeast Louisiana Telephone Company, hereby expressly reserves the right to cancel this statement of concurrence at any time when it appears that such cancellation is in the best interest of Northeast Louisiana Telephone Company, subject to the jurisdiction of the Louisiana Public Service Commission as it applies.

 Issue Date:
 12/17/97
 Issued By:
 Northeast Louisiana

 Effective Date:
 12/31/97
 Telephone Company, Inc.

 Order Number:
 P O Drawer 185, Collinston, LA

AT&T LOUISIANA

GENERAL EXCHANGE GUIDEBOOK

Fourth Revised Page 61

LA-12-0060

EFFECTIVE: July 3, 2012

#### A3. BASIC LOCAL EXCHANGE SERVICE

#### A3.31 Lifeline

#### A3.31.1 Description of Service

- A. The Lifeline program is designed to increase the availability of telecommunications services to low income subscribers by providing a credit to monthly recurring local service charges for qualifying residential subscribers. Basic terms and conditions are in compliance with the FCC's Order on Universal Service in CC Docket 97-157, which adopts the Federal-State Joint Board's recommendation in CC Docket 96-45, which complies with the Telecommunications Act of 1996 and the FCC Report and Order and Further Notice of Proposed Rulemaking in WC Docket No. 11-42, adopted January 31, 2012. Specific terms and conditions are as prescribed by the Louisiana Public Service Commission and are as set forth in this tariff.
- **B.** Lifeline is supported by the federal universal service support mechanism.
- C. Federal uniform support of \$9.25 is available for each Lifeline service and is passed through to an eligible customer via a monthly Lifeline credit. The amount of credit will not exceed the charge for local service.

#### A3.31.2 Regulations

#### A. General

- 1. One low income credit is available per household and is applicable to the primary residential connection only. Lifeline support is limited to a single subscription per household where household is defined to be any individual or group of individuals who are living together at the same address as one economic unit. For the purposes of this rule, an economic unit consists of all adult individuals contributing to and sharing in the income and expenses of a household.
- 2. A Lifeline customer may subscribe to any local service offering available to other residence customers.
- 3. Toll blocking, if elected, will be provided at no charge to the Lifeline subscriber.
- 4. The deposit requirement is not applicable to a Lifeline customer who subscribes to toll blocking. If a Lifeline customer removes toll blocking prior to establishing an acceptable credit history, a deposit may be required. When applicable, advance payments will not exceed the connection and local service charges for one month.
- 5. Lifeline service is exempt from the Installment Billing Service Fee.
- 6. The Federal Universal Service Charge will not be billed to Lifeline customers.
- 7. A Lifeline subscriber's local service will not be disconnected for non-payment of toll charges. Local service may be denied for non-payment of local charges in accordance with A2. Access to toll service may be denied for non-payment of toll charges. A Lifeline subscriber's request for reconnection of local service will not be denied if the service was previously denied for non-payment of toll charges.
- 8. The non-discounted federal Lifeline credit amount will be passed along to resellers ordering local service at the prescribed resale discount from this Tariff, for their eligible end users. The additional credit to the end user will be the responsibility of the reseller. Eligible carriers, as defined by the FCC, are required to establish their own Lifeline programs.

#### B. Eligibility

- 1. To be eligible for a Lifeline credit, a customer must be a current recipient of any of the following low income assistance programs.
  - Supplemental Security Income (SSI)
  - b. Supplemental Nutrition Assistance Program (SNAP)
  - c. Medicaid
  - d. Federal Public Housing Assistance/Section 8
  - e. Low-Income Home Energy Assistance Program (LIHEAP)
  - f. Temporary Assistance for Needy Families (TANF)
  - g. National School Lunch Program's free lunch program
- Additionally, customers not receiving benefits under one of the preceding programs, and whose total gross annual income does not exceed 135% of the Federal Poverty Guidelines are eligible for Lifeline.
- 3. All applications for service are subject to verification with the state agency responsible for administration of the qualifying program.

AT&T LOUISIANA

#### GENERAL EXCHANGE GUIDEBOOK

Fourth Revised Page 61.1

LA-12-0060

EFFECTIVE: July 3, 2012

# A3. BASIC LOCAL EXCHANGE SERVICE

#### A3.31 Lifeline (Cont'd)

#### A3.31.2 Regulations (Cont'd)

#### C. Certification

- 1. Proof of eligibility in any of the qualifying low income assistance programs or for the income based criterion should be provided to the Company at the time of application for service. The Lifeline credit will not be established until proof of eligibility has been received by the Company. If the customer requests installation prior to the Company's receipt of proof of eligibility, the requested service will be provided without the Lifeline credit. When eligibility documentation is provided subsequent to installation, the Lifeline credit will be provided on a going forward basis. Recertification is required annually.
- 2. It is the customer's responsibility to notify the Company when the customer is no longer participating in any of the qualifying programs or is no longer eligible based on the requirements established for the income based criterion.
- 3. The Company reserves the right to periodically audit its records, working in conjunction with the appropriate state agencies, for the purpose of determining continuing eligibility. Information obtained during such audit will be treated as confidential information to the extent required under State and Federal laws. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Lifetine plan.
- 4. When a customer is determined to be ineligible as a result of an audit, the Company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline credit will be discontinued.
- 5. Resellers providing Lifeline service from this tariff are responsible for determining proof of eligibility prior to requesting the service. As set forth in 47 C.F.R. § 417(a) and (b), a reseller must provide a certification, upon request, to AT&T that it is complying with all FCC and applicable State requirements governing Lifeline/Tribal Link-Up programs, including certification and verification procedures. Resellers are required to retain the required documentation for three (3) years and be able to produce the documentation to the Commission or its Administrator to demonstrate that they are providing discounted services only to qualified low-income customers as outlined in B. preceding. Disclosure requirements described in 3., are applicable to resellers of Lifeline service.

#### A3.31.3 Rates and Charges

#### A. General

- 1. Lifeline is provided as a monthly credit on the eligible residential subscriber's access line bill for local service.
- 2. Service Charges in A4 are applicable for installing or changing Lifeline service.
- 3. The Secondary Service Charge in A4 is not applicable when existing service is converted intact to Lifeline service.

#### B. Lifeline credit passed through to the customer:

Federal credit

|   | Monthly |   | .:               |
|---|---------|---|------------------|
|   | Credit  |   | <sub>(</sub> (T) |
| (a) Supplemental Security Income (SSI)                        | \$9.25  |   | (C)              |
| (b) Supplemental Nutrition Assistance Program (SNAP)          | 9.25    |   | (C)              |
| (c) Medicaid  | 9.25    |   | (Ç)              |
| (d) Federal Public Housing Assistance/Section 8               | 9.25    |   | (C)              |
| (e) Low-Income Home Energy Assistance Plan (LIHEAP)           | 9.25    |   | . (C)            |
| (f) Temporary Assistance for Needy Families (TANF)            | 9.25    |   | ,, (C)           |
| (g) National School Lunch Program's free lunch program        | 9.25    | • | , (C)            |
| (h) Income at or below 135% of the Federal Poverty Guidelines | 9.25    |   | . (C)            |

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AT&T LOUISIANA

#### GENERAL EXCHANGE GUIDEBOOK

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#### A3. BASIC LOCAL EXCHANGE SERVICE

# A3.31 Lifeline (Cont'd)

#### A3.31.4 Tribal Lifeline

A. Description of Service

Qualified residents of federally recognized tribal lands may receive up to *twenty-five* dollars (\$25.00) per month in additional federal Lifeline support for their residential service.

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- B. Regulations
  - I. Tribal Lifeline support is in addition to traditional Lifeline support.
  - 2. All Lifeline regulations are applicable to Tribal Lifeline.
- C. Eligibility

To qualify, in addition to meeting the tribal land residency requirement, the customer may be a current recipient of any of the programs identified for Lifeline, or may be a recipient of one of the following federal programs:

- 1. BIA (Bureau of Indian Affairs) General Assistance
- 2. Tribally administered Temporary Assistance for Needy Families (TANF)
- 3. Head Start (income eligible)
- 4. Food Distribution Program on Indian Reservations
- D. Rates and Charges
  - 1. General
    - a. (DELETED)

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b. The Tribal Lifeline credit is in addition to the federal Lifeline credit preceding.

# A3.32 (DELETED)

# NORTHEAST LOUISIANA TELEPHONE COMPANY, INC. (SAC 270435) ATTACHMENT - LINE 3017 ATTACHMENT REDACTED IN ENTIRETY